



Department of Health
Early Intervention

For H-KISS Use Only:

Part C Referral:

☐ Yes ☐ No

H-KISS REFERRAL FORM

Call/Fax Date to H-KISS: _____ Referral Source Name: _____ Ph #: _____

Relationship to Child: ☐ Parent ☐ Primary Care Physician ☐ EHS ☐ PHN ☐ Other: _____

Address, include city & zip code (if not parent): _____

How Referral Source Became Aware of H-KISS: _____

Child's Name: _____ Date of Birth: _____

First

Last

MM/DD/YY

Gender: ☐ M ☐ F Age: _____ years _____ months _____ weeks

Legal Guardianship: ☐ Parent(s) ☐ Other: _____ Phone: _____

☐ CWS: SW Name: _____ Phone/Fax: _____

Area(s) of Concern: (check all that apply)

☐ Developmental Delay: ☐ Cognitive ☐ Physical ☐ Communication ☐ Social/Emotional ☐ Adaptive

☐ *Biological Risk: ☐ Chrom. Ab. ☐ Genetic/Congenital Disorder ☐ Tech. Dep./Skilled Nursing Needed

*☐ This condition has a high probability of developmental delay Physician Signature: _____

Diagnosis: _____ ICD-9 Code: _____

Developmental, Medical, and/or Environmental Concerns: _____

Screening/Assessments Done:

☐ ASQ ☐ ASQ-SE ☐ M-CHAT ☐ DIAL-R ☐ Denver ☐ HELP ☐ PEDS

☐ Audiological (Include Newborn Hearing Screening) ☐ Other: _____

Concern: _____

Primary Care Physician: _____ Ph #: _____

Agencies Working w/ Child: ☐ Child Welfare Services ☐ Children w/ Special Health Needs Branch ☐ Early Head Start

☐ Enhanced Healthy Start ☐ Healthy Start ☐ Public Health Nursing ☐ Other: _____

☐ EPSDT Medically Fragile CM Agency (Specify Agency): _____

Primary Caregiver Name(s): _____

Relationship to Child: ☐ mother ☐ father ☐ foster parent ☐ guardian ☐ other: _____

Residence Address (include city & zip code): _____

Mailing/Other Address (include city & zip code): _____

Phone # (h): _____ (c): _____ (c): _____ (w): _____

(primary)

(secondary)

(other): _____ Best Call Time: _____ Preferred Call Number: _____

Legal Guardian: I provide consent for Department of Health Early Intervention to share the status of the referral to the referral source. Signature: _____ Date: _____

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(O'ahu) 594-0066 ♦ (Neighbor Islands) 1-800-235-5477 ♦ FAX: (808) 594-0073